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ORIGINAL ARTICLES

CONGENITAL MYXEDEMA.*

By DR. LOUIS I. KRAMER,

PROVIDENCE, R. I.

Congenital myxedema, or sporadic cretinism, is a chronic disorder of infancy, childhood, and adolescence due mainly to a disturbance of the thyroid gland. In infancy the usual manifestation is the complete absence of the gland. When the symptoms appear in late childhood or adolescence it is due usually to some injury to the gland causing same to become inactive. The general nutritional disturbances are usually not evident at birth and very often the mother of a cretin will say the child was perfectly normal at birth, and it is only after some sickness when the child fails to regain normalcy that these changes become evident.

Mental dullness is one of the outstanding features associated with thyroid insufficiency, and as such one would naturally expect to find some histologic changes in the nervous system. However, such is not the case, and even though some histologic changes are found in some cases, these changes are not constant nor are they always the same. Bayon described hyaline changes in the vessels of the cortex without any particular changes in the ganglion cells. Other observers have found vacuolization, and alterations in the chromatin of the ganglion cells.

The etiology and pathogenesis of cretinism have some relation to the etiology and pathogenesis of goitre in as much as both of these conditions are subject to the same geographical distributions, and it has been shown that a certain percentage of the offspring of goitrous parents are born cretins. Why this is so no one has as yet explained satisfactorily. Some hold that the congenital or sporadic type is due to an intrauterine infection of the

fetus that destroys or prevents the development of the thyroid gland. Others believe that it is due to a too great an iodine content in the mother from which the fetus gets enough to supply its needs thereby preventing or hindering the development of its own thyroid. The endemic type, some maintain, is due to the inbreeding of various types of peoples and races coupled with unfavorable social and hygienic conditions, and these circumstances form the bases of the degeneration which results in this form of monstrosity. This also increases the probability that individuals with the same unfavorable hygienic and social conditions will mate and thus accentuate the tendency. Finkbeiner holds that degeneration following inbreeding results in a reversion to the types from which the mixed race was derived. The theory that racial inbreeding plays an important role in bringing about cretinoid changes is further supported by Munk. His studies of Chagas fever in Brazil show that the population of the affected area were a mixture of negroes, mulattoes, Portuguese, Italians, Turks, Japanese and Indians, and that 75% of the population suffered from goitre in one form or another, and that each family had in its midst at least one dwarf, or deaf mute, or paralytic. The officials and foreigners although living under the same unfavorable conditions as to hygiene, economic strain, and social conditions in general were not afflicted with goitre or other thyroid disturbances. According to these observers the endemic type of cretinism and partly the sporadic form of myxedema are due rather to racial admixtures resulting in a reversion to the types from which the mixed race was derived than to thyrogenic factors, in spite of the fact that this gland is found deficient.

The symptomatology is very striking and once a case of cretinism is seen the impression will never be forgotten. As a rule the symptoms are not evident until about the fourth or fifth month after birth. The victim's general appearance is that of a very aged individual. The skin is dry, harsh, and pasty. The head is very large, showing a marked frontal slanting and enlarged occip-

*Read before the Providence Medical Association, March 2, 1925.

ital protuberance. The fontanelles remain open even up to puberty. The hair is usually very coarse and thick, although in some cases it is very thin. The forehead is low and wrinkled, the eyelids are puffy, and the expression lifeless and stupid. The eyes are slanted, resembling a Mongolian idiot. The nose is squatty and saddle back in appearance, and the nostrils are broad and flattened. The lips are thick and cyanotic. The tongue is thick, furrowed, and protruding, causing some difficulty in breathing. There is marked salivation, and the chin is constantly wet. The tonsils are hypertrophied and the adenoid is in excess. Dentition is delayed, and when it does occur the teeth are usually imperfect.

The neck is thick and short, broadening as it approaches the shoulder. The neck muscles are weak, so much so, that they are unable to support the head, causing the latter to fall forward. The supraclavicular regions are full and prominent, forming fatty layers known as myxedematous pads. The scapulae are winged, the spine shows an anterior curving, and the abdomen is prominent and tympanitic. Umbilical hernia is unusually common.

The extremities, too, are very characteristic. The legs are short and unusually bowed. The arms and hands are also short, stunted, thick, and very clumsy. The fingers and toes suffer the same degree of abnormality.

The genital organs retain their infantile characteristics in both sexes and the sexual instinct is almost wholly lacking.

Other characteristics are the impairment of the skeletal growth (cretins are practically all dwarfs), insensitiveness to pain as in the average child, marked hypothermia, and stubborn constipation. Their mental make up is defective, varying from mild imbecility to complete idiocy.

Bearing in mind these signs and symptoms one should encounter very little difficulty in recognizing a case of cretinism. However, there are a few conditions which closely simulate it and easily confuse the diagnostician. They are (1) true cretinism, *id est*, the endemic type, (2) amaurotic family idiocy, (3) dystrophia adiposogenitalis, (4) achondroplasia, (5) rickets and (6) mongolian idiocy.

True endemic cretinism does not differ materially from the sporadic type. The geographical

location determines the name. If the victim happens to be born within the goitre belt he is classed as endemic, if outside the goitre belt the adjective sporadic is prefixed.

In amaurotic family idiocy one is apt to confuse the symptoms, such as, the failure of mental and physical development, the inability to hold up the head, and to grasp objects, with those of cretinism. But here, besides these symptoms there is a gradual loss of vision plus the absence of the characteristic cretinoid symptoms.

The fat pads, harsh skin, impaired development of the genital organs, and the somewhat stunted growth characteristic of dystrophia adiposogenitalis may mislead the observer into considering the condition cretinism. These patients, however, are a good deal taller thancretins and their mental development is much more progressive.

Rickets may at times show some symptoms peculiar to myxedema such as, the infantile appearance, the bowing of the legs, and the general disturbance of the normal process of ossification. But here the skin, hair and face are more normal. The temperature is not subnormal, and the X-ray findings are diagnostic.

The stunted growth in achondroplasia (fetal rickets) may suggest cretinism, but here the arms and legs alone are suffering from malformation and disproportion, the remainder of the body is perfectly normal in conformation. The mentality, too, is normal.

The slanting eyes of the mongolian idiot, his greater interest in his surroundings, his normal skin, and higher normal development differentiates him from the cretin.

The success of the treatment depends on the intelligent use of thyroid gland and when cautiously used the results are remarkable. To get the results desired treatment must be started very early in life or soon after the condition becomes manifest, and continued indefinitely. Sometimes the child will grow over an inch a month until the normal stature of the corresponding age is reached. The nervous system, on the other hand, does not respond as readily to treatment as the body. Considerable intelligence is gained, although as a rule it may never reach that of a normal child. A case under treatment must be carefully watched, because the tolerance varies greatly in different children. Large doses are dangerous,

especially if the preparation is old. The danger is probable sudden heart failure and softening of the bones due to their rapid growth. To forestall any tendency of heart failure these children should be advised against violent exercises and they should be urged to remain in a recumbent position for a short while after the administration of the drug. To prevent any tendency to softening of the bones the administration of calcium lactophosphate in conjunction with dried thymus is very beneficial. The question of dosage is speculative. An infant may be given $\frac{1}{2}$ grain of dried thyroid once a day, an older child $\frac{1}{2}$ a grain twice or three times a day. The danger signs are those of hyperthyroidism, that is, rapid pulse, dizziness, pains in the back, irritability, general weakness, a pronounced rise in temperature, and even collapse.

In order to render the constant use of thyroid unnecessary, grafting of thyroid tissue has been tried by various investigators with apparent promising results. This method of treatment, however, is still in the experimental stage.

The following is a report of a case of sporadic cretinism (congenital myxedema) showing remarkable improvement on thyroid (B. & W.) and thymus therapy.

Baby H., male child of healthy parents, the other children are all normal and well. The mother had no difficulty at the birth of this child. He was born June 24, 1923, and was seen by me for the first time when a year old. Three days after birth he developed icterus neonatorum which persisted for six weeks, and during this period the child suffered from intermittent diarrhea. The child began to decline soon after the onset of the jaundice, so much so that when he was two months old he had lost two pounds and four ounces of his original birth weight. Upon the advice of a physician the mother started to feed the child condensed milk. He thrived well on this food, and he was gradually regaining his weight. The 24th of January, 1924, he weighed 12 pounds and 7 ounces. For no apparent reason, Mellin's Food was substituted for the condensed milk. He did well for a while, but soon began to decline again. When he was seven months old he suffered from chicken pox and bronchitis. His weight at this time was, as above stated, 12 pounds and 7 ounces, but instead of gaining he rather lost weight. He was

troubled with constipation since he was six weeks old, and the only way results were obtained was by the aid of enemata. Drugs were of no avail. He could not take his food well unless forced to do so by constant attention, he never cried except when hungry and then he only grunted. He showed no childish desires, was not playful, but very quiet and apathetic. He showed no normal interest in his surroundings.

Physical examination: Poorly nourished and poorly developed infant showing evidence of rickets and anemia, 23 inches long, weighing 9 pounds, 2 ounces, temperature 96 by rectum, pulse 116. The head is unusually large with a marked frontal slanting and enlarged occipital protuberance, hair thin and very coarse. The forehead is constantly wrinkled, the lids are puffy, the expression lifeless and stupid. The nose is squatty, the alae widened. The mouth is always open, the lips thick, the tongue thick, furrowed and protruding. There is no evidence of dentition. The fontanelles are open. The chest is barrel shaped, and the ribs show marked beading. The heart and lungs are apparently normal. The abdomen is rotund and very prominent, and shows a huge umbilical hernia. The back is arched, the arms and legs are stunted and wrinkled. The legs are somewhat bowed. There are definite fat pads covering the shoulder joints. All the reflexes except the light reflex of the eyes, are absent. The skin is pale, waxy in appearance, and very dry.

Considering the data at hand, the diagnosis of cretinism of the sporadic type was made. But before commencing the treatment the child was weighed, X-rayed, and photographed. Photographs were also taken at various intervals to show the progress of the case. The following is the X-ray report as rendered by Dr. I. Gerber.

The examination was directed to the skull, chest, both forearms and both lower legs, with special reference to the epiphyseal development, the age of the patient being 13 months.

The examination of the skull shows an incomplete closure of both anterior and posterior fontanelles. There is no evidence of increased intracranial pressure. The sella turcica is of the normal infantile type. The examination of the chest appears generally negative. There is no evidence of enlarged thymus. The outline of the heart shadow appears normal.

In the examination of the extremities, the upper end of the humeri show no centres of ossification of any of the epiphyses. The normal average baby should have some ossification of the epiphyses of the head of the humeri at the age of 8 months. In the lower forearms there are present no ossified centres for any of the carpal bones. Usually the centres of ossification for the Os Magnum is present at 12 months. In the lower extremities, ossified centres for the lower femoral epiphyses are still absent. These usually make their appearance at 8 months. The upper epiphyses of the tibia is absent. The ossification of this epiphyses usually begins to appear at about the 9th month. At the age of 12 months there are usually ossified centres for four tarsal bones. This patient shows only 3. In addition to the above the lower ends of both radii and ulnae show an increased density due to increased lime salt deposit.

The above findings are usually present in case of cretinism. They are not, however, diagnostic of the condition.

Satisfied with the diagnosis, the child was given desiccated thyroid gland, starting with $\frac{1}{2}$ grain at bed time, 1 grain of thymus once a day, and 20 drops of the following mixture: Oil of phosphorus minims 20, cod liver oil 4 ounces. His weight, temperature and pulse were carefully watched. Four months later the thyroid was increased to $\frac{3}{4}$ grain a day and the thymus was administered once every other day. The following progress notes show the improvement of the child under treatment.

July 10, 1924. He takes his food much more easily, is beginning to cry more naturally. Weighs 11 pounds, temperature 98, pulse 120.

July 17, 1924. Had first bowel movement without the aid of an enema since he was six weeks old. He cries very heartily, and is beginning to hold up his head fairly well. The following day the temperature was 100.2, pulse 130, he also had four bowel movements which contained mucous. Expectant treatment cleared up this condition and the next day the temperature was again normal.

August 17, 1924. Weighs $12\frac{1}{2}$ pounds, temperature 99.4, pulse 116. The child takes his food well, his expression is approaching more to normalcy. He smiles, tries to talk, and is beginning to show an interest in his surroundings. September 7, 1924, weighs $14\frac{1}{2}$ pounds, is 23 inches long,

and has a chest measurement of 17 inches. He holds his head up very well, his skin is soft and silky to touch, and the nails are no longer brittle. October 5th, weighs $16\frac{1}{2}$ pounds. October 26th, weighs 17 pounds and 3 ounces, and is 25 inches long. Temperature 99, pulse 116. He plays with toys and recognizes those about him. November 23rd, weighs 18 pounds and 15 ounces. December 1st, weighs 19 pounds and 6 ounces. January 3, 1925, the right upper incisor appeared. January 14, 1925, 5 more teeth came through. January 18, weighs 20 pounds and 7 ounces. At this point the thyroid was increased to $\frac{1}{2}$ grain b.i.d. and the thymus and other medications discontinued entirely. At the present time the child weighs 22 pounds and 8 ounces; he is $28\frac{1}{2}$ inches long. The conformation of his body is that of a normal child, and he acts in every way like any normal child.

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X-RAYS IN THE TREATMENT OF VARIOUS INFLAMMATORY CONDITIONS.

By SIMON ALBERT, M.D.,

PROVIDENCE, R. I.

The medical conception of the ordinary type of inflammation is fairly well understood. The primary symptoms and signs are heat, redness, swelling, pain, and disturbance of function. The severity of each of these varies with the different stages of the inflammatory process as well as with the anatomical location of the particular process. Their successful treatment, by whatever means, is a matter of vital importance. When in accessible

parts of the body, the practicability of the use of radiation both as an abortive and remedial agent establishes itself in the physician's armamentarium.

The use of X-rays has been hailed by enthusiasts as a panacea for all ills. This has been a great factor in causing the pendulum to swing in a reverse direction in so far as the general practitioner has seen fit to ask his fellow roentgenologist to "see what he could do with his rays." At the very outset, therefore, we wish to state emphatically that we are not preaching any 100 per cent sure method for the relief of inflammatory conditions. We simply wish to set forth our own observations, along with those of others, to be judged as to any particular merits. Our experience in such matters applies with especial reference to felons, paronychias, boils and neuralgias.

Roentgen therapy in inflammatory conditions is not something new. It has been reported a number of times in both our own and foreign literatures, in one form or another, but the results quoted have never been heeded much by the medical profession which is responsible for the particular treatment employed in the individual case.

The exact method by which inflammatory conditions are favorably acted upon by X-rays is entirely one of conjecture and speculation. It is supposed by some that the rays effect some peculiar dissolution of excess white cells. Others proclaim the theory that the rays produce a local hyperaemia and are effective through an increase and improvement of local circulation. In addition the X-rays are believed to possess, in a very large proportion of cases, a positive, intrinsic, analgesic effect. Our own conclusion is that there is truth in perhaps all of these theories, but that no one individually applies to any particular case. Perhaps they all act at the same time, one factor in certain cases being more predominant.

We are, however, more concerned with the results. Since we have an empirical therapeutic agent that is successful so frequently, we consider ourselves justified in using it, especially when we know positively that this agent properly used can do no harm. This cannot, of course, overlook the fact that any physical agent may be a source of tremendous harm, if improperly employed.

There is not much danger in waiting too long in the treatment of inflammatory conditions while trying radiation, provided even the ordinary surgi-

cal judgment is used in following the course of development. Where there is urgent need for surgery, of course it would be absolutely foolhardy to attempt any temporizing with other forms of therapeutics. The necessity of still making use of surgical methods should never be neglected. Although radiation should always be looked upon as an adjunct to surgery, an opportunity to avoid surgical interference or even to minimize the ordinary end-results of surgery should not be passed by.

Felons and Paronychias.

In felons and paronychias, the earlier radiation is attempted, the better the chance of aborting the process. In the acute stages, with severe pain, swelling, lymphangitis, and enlarged, tender regional glands, some relief can be promised almost definitely within 24 hours after the first treatment. In many cases, there is complete relief. These results are not speculative. Positive information will be volunteered by the patient. The pain subsides, the swelling diminishes, the lymphangitis will sometimes recede, and often an apparently fulminating process will quickly quiet down. Sometimes a second or third treatment is necessary, but these treatments in themselves are not of serious moment. The doses are very small and are given once a week.

When the felon or paronychia has gone on too far to be checked, the roentgen treatment will still be of immense value in speeding up the curative process. The physician is able to discharge his patient much sooner and, what is more important, the roentgen treatment will appreciably diminish the amount of scarring ordinarily obtained. These results occur often enough to make the matter of radiation one of prime importance to the general practitioner or surgeon who sees these cases first.

Boils and Carbuncles.

Boils and carbuncles, including sloughing, ulcerated varieties, are, with extreme frequency, advantageously exposed to roentgen treatment. Judicious radiation will often change the entire aspect of a case and turn an unfavorable prognosis into a very favorable one. And the simplicity of the whole procedure, which leaves the patient for all practical purposes wholly undisturbed or inconvenienced, appeals to both the physician and patient.

In case of boils and carbuncles, as in the case of felons and paronychias, recession of the infiltrative processes without actual abscess formation is very common when the radiation is given in the early stages. If, however, there is pus formation already present, radiation will hasten the local massive destruction and liquifaction and thereby shorten the duration of the incapacity. In these cases, where pus is already present, sometimes a small stab incision is first made. Then, under radiation, the boil or furuncle recedes much faster. Incompletely developed abscesses, however, are punctured usually after softening. Even old cases, with chronic suppuration and fistula formation, are sometimes remarkably improved under roentgen therapy, although much less readily than early stages.

Neuralgias.

Neuralgias have such a manifold etiology that it is absurd to consider statistically the success or failure of any one form of therapeutics. A single physician may meet with one success and ten failures or vice-versa, but he must remember that there is no one universal panacea for all neuralgias. Sciatic pains due to vertebral fracture, Pott's disease, vertebral carcinoma, cord compression, luetic, alcoholic, arthritic, and nephritic neuralgias admittedly can only be cured by removal of their respective causes.

Nevertheless, one of the most desirable uses of roentgen therapy applies particularly to the relief of pain in neuralgias and other painful neuritic conditions when these are due to local inflammatory lesions. We wish to make it very definite that our excellent results are obtained only in those cases where the pain is due to infiltrative lesions as a result of local inflammatory processes. This, of course, limits the applicability of radiation. At this time, we also wish to particularly stress the point that too intensive radiation will increase the local oedema and infiltration and thereby increase the neuralgic pains. We adhere rigidly to small fractional doses, varying our skin-target distances, our filtration and voltage, with the individual case. If we do not obtain definite relief after two or three treatments, we never try to give further dosage.

In the radiation therapy of neuralgias, it is just as important to know when to stop as it is to realize that promiscuous radiation of all conceivable

types of painful neuralgias tends to discredit the successful results we accomplish. It is the indiscriminate type of haphazard radiation that has antagonized the general interest of the medical profession.

The benefits of selective radiation are equally applicable to neuralgias of the Trigeminal nerve and Occipital nerve, the Brachial plexus, and Sciatic nerve. The successful results are not only symptomatic relief, but local clearing of the cause of the neuralgia. The resolution of infiltrative processes is hastened, thereby freeing involved nerve roots from pressure. The involvement may be intrinsic cellular infiltration of the nerve roots themselves or pressure as a result of inflammation in the neighborhood, such as inflammation of the periosteum, tubercular glands, etc.

Often the radiation of the isolated painful point is enough. Sometimes the entire nerve distribution should be radiated. Usually, however, the radiated field is limited to the region of the nerve roots. We try to determine beforehand whether we will radiate centrally, peripherally, or both.

Unfortunately, some cases are rebellious to radiation. It is impossible to say *a priori* which will be successful. Nevertheless, where other ordinary methods fail, the roentgenologist should be consulted as to what he can do with his rays. Radiation, even if successful, has no attendant serious or dangerous consequences for the patient. There are no contraindications as such. It ought absolutely to be tried in every case before any operative attempt, such as nerve excision or alcohol injection.

Summary in Recapitulation.

1. Roentgen treatment of various types of inflammatory conditions is not something new in therapeutics. The foreign literature particularly has frequent mention of its great value.

2. In the treatment of felons, paronychias, boils and carbuncles, radiation is an extremely useful adjunct to surgery. Both acute and chronic conditions nearly always respond favorably. The best results, however, are obtained in the early stages of the various processes, at the time when severe reactions have not yet become manifest. In the very early stages, these infections can be aborted with great frequency.

3. In painful neuralgias, X-ray treatment should not be forgotten. It will frequently give relief when all other methods have failed. It should, in my opinion, be given a trial before attempting surgical procedures.

4. The dosage consists of very small fractional units. Overdosage must be guarded against.

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EDITORIALS

ONE TALKS ON THE CULTS.

The physician, who has spent a good part of his lifetime mastering as well as may be the accumulated mass of medical science, views with natural curiosity the mental state of those who turn aside from the broad and straight road of scientific medicine to follow the devious and misleading pathways of the cultists. Not alone the ignorant but many apparently intelligent people follow osteopathy, chiropractic, or some other form of pseudo-medical science without reason

and as though lured on by some Pied Piper. Whatever throws light on this mental state is of great interest to the medical man. Recently, in a lay magazine, one talked on medicine and concluded that in homeopathy breaks the dawning of a new day. On the contrary, the final word on homeopathy was said by Oliver Wendell Holmes eighty-three years ago. Hahnemann based his homeopathy on three "laws": Most chronic diseases are manifestations of certain suppressed skin eruptions. Infinitesimal doses of pure drugs are potent curative agents. Like cures like. No evidence or reason in favor of the first of these laws can be imagined. The second law has been many times

disproven by observers who have taken 1000 or more doses of the potent remedies daily for a considerable time without appreciable effect. The third law, "*Similia similibus curantur*," contains the grain of truth which enables a pseudo-science to gain the attention of sensible people. True a large dose of Apomorphin produces emesis while a small dose quiets nausea. True that a large dose of alcohol is sedative while a small dose excites. It does not follow that the law of like cures like is true of all remedies or of any great number of remedies. An engineer would not long apply such reasoning to engineering. A thick coat of paint might peel from a girder leaving the surface to rust while a thin coat would have the opposite effect. It does not follow that removing the props from under a weak floor would remedy the weakness. The medical cultists uniformly start with a demonstrable truth, deduce from it, by illogical reasoning, nonsensical laws and conceal the results of the operation of these laws in a mist of manufactured mysticism.

CODE COMMISSIONS.

A recent piece of legislation of more than passing interest to the medical profession, is the statute which has created a Children's Code Commission. Recently appointed, the board has organized and elected a full time secretary. The function of this commission is to review all laws pertaining to children, and codify, delete, or propose new laws and report at the next session of the general assembly.

There is much in the period of childhood which falls intimately under the observation of physicians in general, and more particularly the increasingly large group of physicians who are doing school examining, public health work, and psychiatric examining.

The commission will welcome suggestions from all interested people and there should be some pertinent changes and additions which might well come from the medical fraternity.

At the same time a second commission was appointed to study the problem of adult delinquency and this commission has already been appointed. In this field the experience of the medical man should be of the greatest value.

These two commissions will be glad to accept, and would undoubtedly profit by a large mass of material which could be forwarded by interested people and the medical profession might well give some valuable suggestions.

NEGLECTING THE HUMAN MACHINE.

During the past five years the insurance companies have been stressing the advisability of routine physical examinations to detect any incipient pathological condition or functional derangement. The public is slowly coming to accept the desirability of such a procedure, but this change in opinion has been brought about almost entirely through the efforts of the insurance companies and public health agencies and owes very little impetus to the advocacy of practising physicians.

This situation has been ascribed to a natural reluctance of the average medical man to put himself in a position where he would seem to be bidding for more business. This view is probably true to a limited extent, notwithstanding that such an attitude involves the shirking of a real duty while the physician hides behind a veil of false modesty. In the end, such evasive tactics may and probably will cost the patient far more than the most generous examination fees.

There is, however, another reason, less obvious and rather difficult to understand; that is, that while the physician endorses such a program theoretically, he does not really have it at heart. He himself must be educated up to it. That this is so is amply proven by the number of physicians who allow their own physical condition to deteriorate. The physician who lectures his patients on their neglect to come to the doctor early is perhaps finding it difficult to climb the stairs at his old pace without distinct respiratory embarrassment. If perchance someone comments on his difficulty he passes it off as being due to his becoming a bit stout.

It is not strange that the patient who is told to take a vacation should hesitate and question the absolute necessity, when he hears his doctor boast that he has not been away from his office for five years.

Statistics prove to us that doctors are shorter lived by many years than are members of the

other learned professions. This lack of longevity is due only in small measure to the obvious risks of contagion, but is undoubtedly traceable to the utter carelessness with which the average physician treats that absolutely indispensable portion of his capital represented by his continuous good health.

As a sign of belief in the importance of keeping well, as distinguished from getting well, and as a proper example to those who look to us for guidance, let every physician on his birthday go to some colleague in whom he has confidence and be given a thorough overhauling. Treat yourself as well as you would your car, for when you are worn out you haven't even a "trade-in" value.

HEALTH EXAMINATIONS.

There are two sides to almost every question. Nearly every new method or policy proposed in the field of medicine has, besides its ardent advocates, its sturdy opponents, armed with an array of sound arguments which must be considered and carefully weighed before judgment can be passed. The present activities of medical and public health agencies throughout the country in the matter of advocating "health examinations," that is, the periodic examination of well people, must be viewed in this light. While the JOURNAL is willing heartily to endorse the general proposition that such examinations, physical stock-taking, we might call them, like the periodic inspection of one's automobile, are beyond question of great value to those examined, it wishes to point out the fact that such examinations if not properly carried out and *interpreted* to the patient may be the cause of very definite harm. Such a complete physical overhauling of an apparently well person is worth while both because it may disclose evidence of early functional weakness or disease which may be prevented from developing by proper regulation of the mode of life, and because it furnishes valuable data which are useful in dealing with diseased conditions which may arise later on in life. Nevertheless the benefit derived may be more than offset by the harm that is done if the patient is rendered apprehensive and introspective by the disclosure of unsuspected abnormalities. Dr. J. J. Walsh, in September, 1924, number of *International Clinics*, has reported several instances of very bad results

arising directly from this cause. In this matter, as in more than ninety per cent of the contacts between patient and physician, what the doctor does is much less important as to its effect on the patient than *what he says*. Our medical schools furnish splendid instruction to the student in what to do—but the most meagre hints as to the vital subject of what to say—the all important interpretation of our efforts to our patients, with a view to gaining their confidence and intelligent co-operation and allaying their natural fears.

The man to make periodic health examinations is the experienced practitioner who can know his patient's personality. The JOURNAL takes this opportunity earnestly to criticize "factory methods" in medicine and surgery generally and to condemn those commercial agencies and institutes which advertise the making of elaborate health examinations as a means of procuring longevity. Such concerns have undoubtedly many of them been organized in good faith and with good intentions and do perform their work accurately and carefully. Nevertheless the efforts that they must make to prevent the production of apprehension and introspection on the part of their clients, at times over the most trivial of abnormalities, are often quite unavailing and for them to keep in touch with the mental reaction of their clients to the knowledge imparted is out of the question. It is our firm belief that the mail order type of practice in the very nature of things cannot be successful.

PSYCHIATRY AS RELATED TO THE STATE INFIRMARY.*

BY

RAMSOM H. SARTWELL, M.D.

Our problem here is not primarily a psychiatric one, but since no special branch of medicine can be separated from general medicine, we, like all other medical institutions, have our psychiatric problems. Those admitted to the State Infirmary are brought here because of an inability to take care of themselves or be taken care of outside. We have a great variety of types of cases—as many as there are causes which might precipitate their not being self-sustaining on the outside. In the great

*Read before the Medico-Legal Society of Rhode Island at the State Institutions, October 30th, 1924.

majority of cases, however, the precipitating factor is some physical illness, usually of the chronic type. It can be readily understood how easy it is to exhaust one's financial resources with the present high cost of living when one becomes ill, the income stops, and this goes on and on over a period of weeks, months, and perhaps years. We therefore have a large number of patients suffering from chronic physical illnesses of all descriptions. Many of these patients are first cared for at the Rhode Island or some other general hospital, and as their condition becomes chronic and they have to leave the hospital to make room for more acute cases, they are brought here when adequate care cannot be given them at home.

We also have a great many old men and women, people who for one reason or another have not been able to accumulate enough to carry them through the period when, because of the normal physiological changes incident to senility, they are no longer able to carry on and earn a satisfactory living. We have many of this class of patients here, and it is not to be wondered at when one stops to consider that only three per cent. of the people reaching the age of sixty-five are self-supporting, and between eighty and ninety per cent. of all ages leave no estate at their death. These senile patients, although not definitely psychiatric, show some mental changes making them somewhat of a problem from a psychiatric point of view. They are, as a rule, more or less childish, sensitive, easily annoyed by other patients, rather irritable, become mentally fatigued easily, and in fact they show emotional instability in varying degrees, together with some memory impairment, disorientation, with consequent misunderstanding of the situation. They come here, these old men and women, broken in body and in spirit, depressed, and looking forward to nothing but misery and death. They have lost all interest in life, and our problem is to restore this interest and change their mental attitude. We try to do this by maintaining a congenial, kindly, home-like atmosphere, and especially by occupational therapy. We believe that being occupied and the satisfaction of giving service to mankind goes a long way towards making one happy, and working upon this basic principle, we make an effort to find some kind of work to fit each individual type and condition. This is somewhat of a problem, and requires a great deal

of study and thought. Occupational therapy is of no value unless it serves as a means of gaining their interest and taking their minds from themselves and their troubles. It is quite easy to find work that will interest those who are able to be up and about, but not so easy to find something that the blind and crippled can do, yet, they must not be forgotten. We have an occupational therapy department, and it is the problem of this department to find and devise various types and sufficient varieties of work to fit each and every patient who is able to do anything. They must find something for the blind, the crippled and the decrepit old men and women, as well as the younger and more active patients.

We have a group of about fifty patients cared for here at the present time, who require a great deal of attention, both medical and nursing. I refer to the defective group. These children present very interesting psychological and neurological studies. Practically all show a marked lack of mental development—most of them being low grade idiots and a great many of them are suffering from a chronic neurological condition such as hydrocephalus, microcephalus, post-encephalitic cerebral lesions, lesions resulting from infantile paralysis, progressive muscular dystrophy; in fact, most all types of abnormal neurology can be found here.

Perhaps our greatest psychiatric problem is our young unmarried mothers. These girls, because of the customs and demands of society, are outcasts, and in many cases disowned by their parents and relatives. This is true, even though the men who are equal offenders go practically uncensored, as a result of one standard of morality having been set up for women and another for men.

Many of these girls are suffering from some physical illness—their history shows a social maladjustment, and many of them are under-developed mentally. It therefore is evident that they must be studied from a *physical, sociological and psychological* point of view.

They first are given a physical examination and such treatment as is indicated.

A social investigation is made and their particular failings and short-comings ascertained, and finally they are studied as to their mental make up—by that I do not mean merely their intelligence or mental age, but rather their temperament, emo-

tional stability, powers of inhibition, judgment, etc. We do this in an effort to determine the mechanism by which their difficulty was brought about, for by this and no other way are we able to intelligently advise proper treatment. Before passing judgment, we must take into consideration their early environment and training.

We, you and I, may congratulate ourselves on having attained a certain measure of success in the community, the business and social world, but before giving ourselves too much credit, let us stop and compare our liabilities and assets with those of our less fortunate brothers and sisters. We have been favored with good heredity, and although our early life may not have been an easy one, most of us have had the benefit of good training which is all essential in the formation of habits and development of character and personality. The fundamental characteristics which have enabled us to make the social adjustments that we have were largely planted in early life. Contrast this for a moment with the early environment of most of these young unmarried mothers. They, for the most part, were brought up in abject poverty, have been subjected to the quarreling of incompatible, unthinking parents, accustomed to abuse, living amidst vice and all sorts of detrimental influences. Under these circumstances, is it any wonder that they fall? In fact, they do not fall, but simply live up or down to the level or standard of morality which is set for them by their associates and training.

The point I wish to make is this—these people, although not definitely psychiatric or definitely feeble-minded, as far as actual intelligence goes, do, as a result of some constitutional defect or lack of proper mental development, show various abnormal mental traits which do not conform to the social customs and standards of the community.

Our problem is not a custodial one, and our aim is not to make this place a haven of rest, a place where they may come, have their babies and be excluded from the public, but instead, the way in which we can serve them best is to educate them in the particular field or fields in which they show a lack of development. Briefly, our problem is largely a matter of training, teaching them the fundamental principles of living and developing in them a philosophy of life, simple though it may

be, that will enable them to go out into the world, face its problems and make satisfactory adjustments and adaptation.

OBITUARY

Dr. Harold Melnotte Howard was born in Gloucester, Mass., May 11, 1881, son of Charles O. Howard and M. Louise Howard. His parents moved to Providence, when Dr. Howard was about eight years old, and he attended the Point Street Grammar School, and after graduating from there entered the Classical High School of Providence. In the fall, after graduating from high school, he entered the Jefferson Medical School of Philadelphia, but owing to poor health was obliged to leave early in the year, but returned to Jefferson the following year, graduating from there in the class of 1905. He was appointed House Officer at St. Joseph's Hospital, Providence, shortly afterwards, finishing his service as such in 1907, when he immediately started in private practice on Broad Street, Providence. He continued in the practice of general medicine continuously and conscientiously until the date of his death, April first, 1925, from pneumonia; never very strong physically, he gave his time and strength freely to his growing practice beyond his capacity. While in his senior year at Jefferson Medical School, he was a member of the J. C. Wilson Medical Society; he was also a member of the Providence Medical Society and the Rhode Island Medical Society. He was an active and ardent Mason, being a member of Nestell Lodge of this city, Palestine Shrine and of St. John's Commandery. He was not given to many social activities, but was a most genial, modest man, highly respected and beloved by his patients, a constant reader and student, and one of whom it may truly be said, that he gave up his life for his fellow man.

G. W. VANBENSCHOTEN,
HOWARD E. BLANCHARD,
PETER PINEO CHASE,

Committee.

CASE REPORT *

From the Providence City Hospital.

It is by no means uncommon to have patients sent into the Hospital with a diagnosis of Scarlet Fever and Diphtheria—but it is by no means common to confirm the diagnosis of this combination. Owing to the rarity of the following combination of diseases, it was thought worth while reporting this case.

J. B., four years of age, admitted December 29, 1924, with a diagnosis of Scarlet Fever and Diphtheria. Father and mother living and well. No miscarriages. No history of Tuberculosis or other constitutional diseases. Full term, normal delivery, weighing ten pounds at birth. Breast fed for twelve months, and then put on liberal diet. Has never been ill with the exception of tonsillitis one year ago, and bronchitis each year. Present Illness: Seven days ago patient vomited after eating and complained of sore throat next day. Two days later developed a diffuse scarlet rash over entire body, except the face. Two days later patient seemed much better, though still complaining of sore throat, and became croupy, breathing with difficulty. These symptoms persisted until admission. Physical examination shows a fairly well developed and nourished male child, listless and somewhat dyspneic, and acutely ill. Head—Symmetrical, no exostoses. Neck—No rigidity or edema. Eyes—Pupils equal and react to light and distance. No ulceration, conjunctivitis or opacities. Extra ocular movements normal. Ears—No discharge. Drums normal. Nose—No obstruction. Throat—Tongue slightly reddened, papillae raised. Buccal mucosa congested. No Koplik's spots, no enanthem on soft palate—Uvula and both tonsils show a glistening creamy membrane, surrounded by redness and some edema. Lips cracked—no herpes. Chest—Symmetrical. Left side seems limited on expansion. Lungs—Vocal Fremitus increased anteriorly, numerous medium and coarse rales. Breath sounds are Broncho-vesicular. Posteriorly there is dullness over the left back. Also the left side shows suppressed breathing. Over right back can be heard a shower of moist rales. Heart—Normal. Gastro-

intestinal—Normal. Reflexes and extremities normal. Glands—Cervical, epitrochlear and inguinal adenopathy—moderate. Skin—A punctate eruption appears on chest, abdomen and extremities. To a lesser degree, on face and neck. Palms and soles not involved. No Pastia's lines. This rash is definite fading scarletinaform eruption.

Diagnosis: Scarlet Fever, Faucial and Laryngeal diphtheria, Broncho-pneumonia.

December 30, 1924. Rash fading. Nose plugged with membrane, membrane in throat still extensive, considerable dyspnea and aphonia. On expiration, loose membrane can be heard in trachea. Definite bronchial breathing heard in several areas over both lungs. Later in day patient coughed up cast of trachea. Tongue definite strawberry appearance. Cultures positive K. L.

January 3, 1925. Membrane gone from throat. Still has brassy cough and aphonia. Heart action irregular, but pulse good quality. Skin dry and scaling on face. Fine desquamation over chest and thighs.

January 5, 1925. Definite desquamation around finger tips. Aphonia less marked. Temperature persisted for nineteen days, when it returned to normal by lysis. Patient, now on thirty-sixth day in hospital, has shown no paralysis, and is now normal, save for very slight trace of albumen in urine.

SOCIETIES

THE RHODE ISLAND MEDICAL SOCIETY.

SPECIAL MEETING OF HOUSE OF DELEGATES.

A special meeting of the House of Delegates was called December 23, 1924, to take action upon the death of the President, Dr. William F. Barry, Woonsocket. The meeting was called to order by Dr. Halsey DeWolf, who, as First Vice President, assumed the duties of presiding officer.

The following resolutions were adopted:

"Whereas, on the seventeenth day of December, nineteen hundred and twenty-four, Divine Providence called to his rest Dr. William F. Barry, President of the Rhode Island Medical Society, and

"Whereas, The Rhode Island Medical Society sorrows in the loss of an earnest, enthusiastic and loyal presiding officer and Fellow. Now be it

*Case report by Dr. Roy W. Benton, Providence Medical Association meeting, February 2, 1925.

"Resolved, That the House of Delegates of the Rhode Island Medical Society in special session this twenty-third day of December, nineteen hundred and twenty-four voices the grief which is visited upon this Society in the death of its beloved and honored President, Dr. William F. Barry, and be it further

"Resolved, That the Committee on Necrology be instructed to prepare a suitable memorial of Dr. Barry to be presented at the next regular meeting of the Society and that a copy of these resolutions and Memorial be published in the official transactions of the Society and a copy of both be sent to the family of Dr. Barry."

Dr. DeWolf, in taking up the duties so suddenly imposed upon him, bespoke the co-operation of the delegates in the work of administering the affairs of the Society and expressed his wish to carry out the plans and suggestions of Dr. Barry in regard to the Rhode Island Medical Society. As Dr. Barry had evinced a most lively interest in increasing the attendance at meetings and of enrolling all eligible physicians in the Society, Dr. DeWolf, upon unanimous vote, was instructed to appoint a committee to formulate ways and means of stimulating interest in the Society.

Adjourned.

J. W. LEECH, M.D.

Secretary

The regular quarterly meeting of the Rhode Island Medical Society was held at the Medical Library, Providence, R. I., Thursday, March 5, 1925, at 4 P. M., Dr. Halsey DeWolf presiding.

The minutes of the December meeting and the special meeting of the House of Delegates called to adopt resolutions upon the death of President Dr. William F. Barry were read by the Secretary and approved.

The President announced that since the last quarterly meeting the Society had suffered the death of its President, Dr. William F. Barry, and a Fellow of many years' standing, Dr. G. Edward Buxton, and called upon a minute's silence out of respect to the deceased.

The Chairman appointed Dr. E. D. Clarke chairman of the committee on necrology to draw

up memorials on the deceased members to be presented at the annual meeting.

The Secretary read a letter from the American Institute of Banking inviting the Society to attend a meeting of the Providence Chapter on March 13th, at which General Herbert M. Lord, Director, Bureau of the Budget, was to speak upon "The Nation's Business."

Under the heading of new business, Dr. Byron U. Richards called attention to the introduction of the Chiropractic Bill, and suggested that the President appoint committees in various parts of the State to approach their local senators and representatives upon this matter. As the Committee on Legislation, State and National, of which Dr. Frank T. Fulton is chairman, had already organized skeleton committees along the lines suggested by Dr. Richards, the chairman referred the matter to this committee.

The Chairman recognized Dr. William S. Sherman, President of the Newport Medical Society.

The following program was presented:

1. "The Diagnosis of Tumors of the Spinal Cord," Dr. Charles A. McDonald, Providence, R. I.
2. "Recent Advances in Neuro-Surgery, especially in Diagnosis and Treatment of Brain Injuries," Dr. William Sharpe, New York City, Professor of Neuro-Surgery, New York Polyclinic Medical School.

The foregoing papers were discussed by the following: Drs. Donley, Kingman, Newsam, Noyes, Ruggles, and Sanborn.

Following Dr. Sharpe's paper slides illustrating his paper were presented by Dr. Peterson, associate of Dr. Sharpe.

Collation.

Adjourned.

Respectfully submitted

J. W. LEECH, M.D.

Secretary

PROVIDENCE MEDICAL ASSOCIATION

The regular monthly meeting of the Providence Medical Association was called to order by the President, Dr. Albert H. Miller, Monday evening, May 4, 1925, at 8:45 o'clock.

The records of the last meeting were read and approved.

The secretary read a letter of appreciation from the family of Dr. G. Edward Buxton. The secretary also read a letter from the Rhode Island Medical Society, telling of their plans for an all day session at their annual meeting, and asking all members to attend.

Dr. G. W. VanBenschoten read a memorial on the death of Dr. Harold M. Howard. It was voted that this be spread on the record and a copy sent to the family and one published in the *Rhode Island Medical Journal*.

Dr. Clarence L. Scamman read a paper on Diphtheria Immunization in Providence. A Progress Report.

He spoke briefly on the nature and history of the Schick test and the toxin antitoxin treatment, and gave some figures showing the results of this work in New York City and Auburn, N. Y. He then gave a summary of the work in Providence, and emphasized the desire of the health department to collaborate with practitioners.

The paper was discussed by Drs. Connor, Newsam, Blosser, and Scamman.

Dr. Joseph L. Dowling read a paper on the Treatment of Cataract. In speaking of medical treatment, he said the incipient senile cases could sometimes be temporarily helped in this way. He then discussed the methods of treatment of well developed and immature types, speaking of the standardized capsulotomy method of treating the former and the more recent intracapsular method of operation which now allows the treatment of immature cataracts.

The paper was discussed by Dr. VanBenschoten and Dr. Dowling, the latter reading from a circular of an Indian doctor to show the enormous number of operations done there.

The President reported that Dr. Chapin wished to be relieved as representative of the Association on the Gorgas Memorial Committee, and his resignation was accepted. The President appointed Dr. Eugene P. King in his place.

The President also announced an invitation from the R. I. Medical Society for all members to attend their annual meeting.

The meeting adjourned at 10 P. M. Attendance, 56. Collation was served.

Respectfully submitted,

PETER PINEO CHASE,
Secretary.

WASHINGTON COUNTY MEDICAL SOCIETY.

The quarterly meeting of the Washington County Medical Society was held in Westerly, Thursday morning, April 9, 1925, with a good attendance.

At 11 o'clock, Dr. J. Gordon Anderson, of New York, addressed the meeting on "Para Vertebral Anaesthesia" at the Central Theatre, his lecture being illustrated by moving pictures.

A business session followed at the Elm Tree Inn.

The following amendment to the By-Laws was adopted: "The regular meetings of the Washington County Medical Society shall be held on the Wednesday preceding the second Thursday of January, April, July and October of each year."

A committee was appointed, consisting of Drs. Savage, Webster and Champlin, to consider the feasibility of asking the State Society to hold its September meeting in Westerly.

Dr. Champlin spoke at length concerning the bill to license chiropractors.

Adjourned and dined.

W. A. HILLIARD, M.D.

Secretary

BOOK REVIEWS

THE TECHNIC OF LOCAL ANESTHESIA.

By

ARTHUR E. HERTZLER, A.M., MD., Ph.D., LL.D.,
F.A.C.S.

Professor of Surgery in the University of Kansas.
Cloth. Pp. 272 with 140 illustrations. Third edition.

St. Louis: The C. V. Mosby Co., 1925.

"The striving after melodramatic effect, by presenting pictures of patients wearing a smile while their guts are being slashed about, in order to impress the reader with the scope of local anesthesia, is no longer required." This statement from the preface to this brief manual sets the keynote for the work, which presents, in a clear, conservative manner, some commonly accepted facts concerning local anesthesia as this art is practiced today. The author first considers the various chemical agents used, and points out the usefulness of quinine and urea hydrochloride for the production of prolonged anesthesia and the avoidance of annoying

after pain. The use of large doses of sedatives in conjunction with local procedures is deplored, but the author wisely advocates the combination of general anesthesia with local when the latter proves insufficient to allay suffering. The importance of the psychic factors concerned in the induction of local anesthesia is not brought out, and this phase of the subject receives little or no attention in this book. The use of elaborate apparatus, such as pneumatic injectors and complicated syringes, is considered unnecessary and inadvisable. The various methods of infiltration and nerve blocking are described clearly, although Farr's scheme of producing an endermic wheal from a subdermic infiltration is omitted entirely.

Following these introductory chapters, operations upon the various regions of the body are considered. The great usefulness of this method in operations upon the cranium, especially in the presence of injury, is stressed. Operations on the face, jaws and tongue are well covered. Methods of obtaining anesthesia by blocking the cervical nerves, however, are touched upon but lightly, and no real directions for their use are given. The impression is given that radical operations upon the gasserian ganglion are not particularly successful, and the resection of the branches is recommended as the procedure of choice. Current opinion in this part of the country, at any rate, is not in accord with this recommendation. The use of a specially designed trephine for section of the ribs is described, and this would seem to be very desirable, as it avoids the traction which is inevitable when the ordinary costotome is used.

In considering abdominal operations, the author points out that gentleness of technic is essential to success, and that traction of any sort is always productive of pain. The use of field block, as described by Labat and Meeker, would render unnecessary many of the procedures outlined here, and would give more satisfactory anesthesia. Sacral blocking is described briefly, but its full field of usefulness is by no means realized. The author prefers spinal anesthesia, a procedure which we have found to be much more simple and very much more dangerous. In operations designed for the palliation of carcinoma in the pelvis, extensive infiltration is advocated, a method which will seem questionable to many surgeons.

In general, this manual presents methods which the writer has found valuable in his own work, and from this point of view is of great interest. In common with many books in this field, however, it fails to give a comprehensive view of the subject by being too much a personal account of the author's experience and opinions, rather than an impartial presentation of methods found useful by many different workers.

GERIATRICS.

A Treatise on the Prevention and Treatment of Diseases of Old Age and the Care of the Aged.

By Malford W. Thewlis, M. D.

C. V. Mosby Company, Publishers.

"Geriatrics" is an excellent attempt to arouse the interest of the medical profession in this direction. That the interest in the care and treatment of the aged has been unduly neglected is very definitely and clearly exposed in the opening chapters, and his plea for scientific investigation is timely. Old age is not a disease *per se*. It is a physiological change which is inevitable, and therefore a normal condition.

The chapters following deal with the more common ailments characteristic of old age and the proper management of same. Nephritis, diabetes and rheumatism are given due consideration, and the information conveyed by the author should be of inestimable value to the reader.

The chapter on electrotherapeutics is complete in detail as to the apparatus employed, methods of administration, and the probable results therefrom.

As a whole the subject matter is very well treated and although not written in the true text book style, none of the detail is lacking. The book is worthy of a place in every medical man's armamentarium.

INTERNATIONAL CLINICS,

Vols. II and III, Thirty-fourth Series.

J. B. Lippincott Co.

These volumes maintain the high standard of previous issues and contain a great deal that is very valuable in various fields of medical practice. The articles on Physiotherapy, X-ray and Radium in volume II are particularly interesting. Volume III contains many very valuable articles, among

them the writer was particularly impressed with the paper on "Progress in Dental Hygiene" by R. W. Leigh and the paper by James J. Walsh describing some of the unfortunate effects of health examinations. Prof. A. Zingher contributes a splendid summary of the work that has been done on the Dick test for scarlet fever and Dr. Frank Smithies' article on Peptic Ulcer is very interesting. B. Sherwood Dunn contributed a long article on "Evolution of the Treatment of Syphilis" which is of the greatest interest to the general practitioner.

MISCELLANEOUS

NEW YORK CITY TO HAVE MOTOR TOURISTS' CAMP.

Automobile tourists of this section will be gratified to know that at last New York City has a motorists' camp.

Known as Camp New York it is established well within the city limits, being but thirty minutes from Times Square by rapid transit with a station directly at the camp entrance.

Its forty beautiful acres of high ground are situated at the junction of Boston Post Road and Baychester Avenue, with ample room for a thousand cars, or a daily accommodation for five thousand people.

Developed by a group of experts, nationally known in motor touring circles, nothing in equipment has been overlooked in this camp to add to the comforts of the visitor.

Among the conveniences included are a general store, restaurant, American Automobile Association Information Bureau, spacious community house, city water, sanitary toilets, shower baths, day and night police protection, electric lights, telephone, telegraph, a twenty-four hour laundry service, daily post office delivery and newspaper service, milk, bread, meat and vegetable service, tent platforms and bungalows.

There are also a children's play ground, library, dancing pavilion, motion picture and radio entertainment.

The camp overlooks Long Island Sound, and Pelham Bay is but a mile distant and famous for its salt water bathing, boating and fishing. Bronx

Park with its renowned Zoological Gardens and Botanical Gardens is near by.

The establishment of Camp New York now enables the visiting motorist to economically visit New York, the Wonder City of the World, and with his entire family inspect its museums, parks, libraries and historical places of interest. It assures him comfortable, safe and hygienic living conditions with police protection for his family and car at no extra cost, aside from the small daily camp fee.

On May 2, Camp New York was officially opened with befitting civic ceremonies.

NEWS ITEMS

Drs. George W. Van Benschoten and Lewis Porter are occupying joint offices at 195 Thayer Street, Dr. Van Benschoten confining practice to diseases of the eye and Dr. Porter to ear, nose and throat.

Drs. Edward S. Bracket and B. H. Buxton have also become associated, practice limited to Gynecology and Obstetrics respectively.

Dr. Peter Pineo Chase has removed his office from 224 Thayer Street to 122 Waterman Street.

Dr. P. H. Rushton of 112 Waterman Street, after devoting two years to this special work, is limiting his practice to diseases of the anus, rectum and sigmoid.

Dr. Paul Appleton of 454 Angell Street announces that his practice is now limited to obstetrics.

Dr. Alfred F. McAlpine has removed his office to 117 Waterman Street, giving special attention to genito urinary diseases.

Dr. A. C. Ventrone has opened his new office at 117 Waterman Street, giving exclusive attention to the diseases of eye, ear, nose and throat.

ANNOUNCEMENT

The next examination conducted by the American Board of Otolaryngology will be held at the Ambassador Hotel, Atlantic City, on Tuesday, May 26th, at 9 A. M.

Application blanks may be obtained from Dr. H. W. Loeb, Secretary, 1402 South Grand Boulevard, St. Louis, Missouri.